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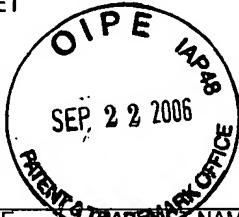
612.45095X00

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ANTONELLI, TERRY STOUT & KRAUS, LLP
 1300 NORTH SEVENTEENTH STREET
 SUITE 1800
 ARLINGTON, VA 22209-3873



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(Date)

APPLICATION NO.	FILING DATE	1st NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/540,201	06/21/2005	Didier Frot	612.45095X00	6612
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TITLE OF INVENTION: CORROSION DETECTING DEVICE

APPL. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE (S) DUE	DATE DUE
Nonprovisional	NO	\$1400	\$300	\$1700	09/27/2006
EXAMINER		ART UNIT	CLASS-SUBCLASS		
ALLEN, STEPHONE B		2878	250-573000		

1. Change of correspondence address or indication of "Fee Address: (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122 attached. agents OR, alternatively, <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys 1 ANTONELLI, TERRY, STOUT AND KRAUS, LLP. Or agents OR, alternatively, (2) the name of single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed no name will be printed.
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

INSTITUT FRANCAIS DU PETROLE

92852 RUEIL MALMAISON CEDEX, FRANCE 78180 10540201

Please check the appropriate assignee category or categories (will not be printed on the patent):	<input type="checkbox"/> Individual	<input checked="" type="checkbox"/> 01 FC-1581 Corporation or other private group entity	<input type="checkbox"/> 1420.00 OP
		02 FC-1584	300.00 OP

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Issue Fee
 Publication Fee (No small entity discount permitted)
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A check in the amount of the fee(s) is enclosed.
 Payment by credit card> Form PTO-2038 is attached.
 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 01-2135 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Donald E. Stout

Date: SEPTEMBER 22, 2006

Typed or printed name **Donald E. Stout**

Registration No. **26,422**

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